

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/597,332

FILING DATE

7-20-06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3	2			1		
4	①			1		
5	①			1		
6	①			1		
7	①			1		
8	①			1		
9	①			1		
10	①			1		
11	①			1		
12	1		1			
13	1		1			
14	2		1			
15	2		1			
16	2		1			
17	2		1			
18	①		1			
19	①		1			
20	①		1			
21	①		1			
22	①		1			
23	①		1			
24	1		1			
25	①		1			
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49						
50						
TOTAL IND.	2	↓	2	↓		↓
TOTAL DEP.	28	←	23	←		←
TOTAL CLAIMS	30		25			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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97						
98						
99						
100						
TOTAL IND.			↓		↓	↓
TOTAL DEP.		←		←	←	←
TOTAL CLAIMS						